

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/02/2022
MM/ DD/ YYYY

X /s/ Huan Le
Signature of individual signing on behalf of debtor

Huan Le
Printed name

Member/Manager
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 JPMorgan Chase BankChecking account1629\$20,245.00

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$20,245.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☐ No. Go to Part 3.☒ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 Excelsior Realty I, LLC\$6,095.00

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

None

9. Total of Part 2

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$6,095.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of debtor's
interest**11. Accounts Receivable**

11a. 90 days old or less:	<u>\$30,000.00</u>	-	<u>\$25,000.00</u>	= →	<u>\$5,000.00</u>
	face amount		doubtful or uncollectible accounts			

11b. Over 90 days old:	_____	-	_____	= →	_____
	face amount		doubtful or uncollectible accounts			

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,000.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used for
current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of fund or stock:	% of ownership:
------------------------	--------------------

None

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor Joycare Therapy, LLC

Name

Case number (if known) 22-33581-H3-11

None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.



Yes. Fill in the information below.

General description

Date of the last
physical inventoryNet book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of debtor's
interest**19. Raw materials**

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

No



Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No



Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No



Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.



Yes. Fill in the information below.

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

General description**Net book value of
debtor's interest**
(Where available)**Valuation method used
for current value****Current value of debtor's
interest****28. Crops — either planted or harvested**

None

29. Farm animals *Examples: Livestock, poultry, farm-raised fish*

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**☒ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes**36. Is a depreciation schedule available for any of the property listed in Part 6?**☒ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☒ No☐ Yes**Part 7:** Office furniture, fixtures, and equipment; and collectibles**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1 <u>Furniture</u>	<u>(Unknown)</u>		<u>\$2,000.00</u>
40. Office fixtures			
40.1 <u>Fire system and sprinkler system-not removable-leasehold improvement</u>	<u>\$89,000.00</u>		<u>\$1,000.00</u>
41. Office equipment, including all computer equipment and communication systems equipment and software			
41.1 <u>Security system- not removable-leasehold improvement</u>	<u>(Unknown)</u>		<u>\$1,000.00</u>
Additional Page Total - See continuation page for additional entries			<u>\$3,000.00</u>
42. Collectibles Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
None			
43. Total of Part 7			<u>\$7,000.00</u>
Add lines 39 through 42. Copy the total to line 86.			
44. Is a depreciation schedule available for any of the property listed in Part 7?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
45. Has any of the property listed in Part 7 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Part 8: Machinery, equipment, and vehicles			
46. Does the debtor own or lease any machinery, equipment, or vehicles?			
<input type="checkbox"/> No. Go to Part 9.			
<input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 <u>Van</u>	<u>(Unknown)</u>		<u>\$17,000.00</u>

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

47.2 2014 GMC SAV / VIN: 1GD373BG9E1154398 Bus (Unknown) \$20,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:*
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. **Aircraft and accessories**

None

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1 Generator \$21,880.00 \$10,000.00

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$47,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No☐ Yes**Part 9: Real Property**

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.☒ Yes. Fill in the information below.**General description**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

Space lease-office and operations
6440 Sands Point Dr Houston, TX

Lease

(Unknown)

(Unknown)

55.1 77074-3722

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No☐ Yes

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No☐ Yes**Part 10:** Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

61.1 JoycareKids.com domain name \$2,000.00 \$10.00

62. Licenses, franchises, and royalties

62.1 State PPECC License \$10.00 \$10,000.00

63. Customer lists, mailing lists, or other compilations

63.1 Customer list \$100.00 \$10.00

64. Other intangibles, or intellectual property

64.1 Internal operational methods \$100.00 \$10.00

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$10,030.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

☐ No☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**71. Notes receivable**

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Joycare Therapy, LLC

Name

Case number (if known) 22-33581-H3-11**Part 12:** Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$20,245.00</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$6,095.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$5,000.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$0.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.	<u>\$7,000.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$47,000.00</u>	
88. Real property. Copy line 56, Part 9.....		→ <u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$10,030.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$95,370.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$95,370.00</u>

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Additional Page**

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
41. Office equipment - <i>Continued</i>			
41.2 <u>Printers, computers, supplies and play material</u>	<u>(Unknown)</u>		<u>\$3,000.00</u>

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)Case number (if known): 22-33581-H3-11☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Ally Financial

Describe debtor's property that is subject to a lien

Van\$28,000.00\$17,000.00

Creditor's mailing address

Attn: BankruptcyPo Box 380901Minneapolis, MN 55438-0901

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Do multiple creditors have an interest in the same property?

- ☐ No
- ☒ Yes. Specify each creditor, including this creditor, and its relative priority.

1) Ally Financial ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$548,917.00

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Part 1: Additional Page

Column A

Amount of claimDo not deduct the value
of collateral.

Column B

**Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2 Creditor's name <u>Arvest Equipment Finance</u> Creditor's mailing address <u>818 Garrison Ave 2nd Floor</u> <u>Fort Smith, AR 72901</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. 1) Arvest Equipment Finance; 2) JPMorgan Chase Bank <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>2014 GMC SAV</u> Describe the lien <u>Lien on vehicle</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$22,357.00</u> <u>\$20,000.00</u>
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Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.4 Creditor's name

Huan Le

Creditor's mailing address

3750 Childress StHouston, TX 77005-1112

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Have you already specified the relative priority?☒ No. Specify each creditor, including this creditor, and its relative priority.See continuation page.☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

Receivables- value is unresolved due to possible disputes and rejections. Furniture. Printers. computers. supplies and play material. Generator. State PPECC License

Describe the lien

Is the creditor an insider or related party?

☐ No☒ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$30,000.00\$30,000.00

2.5 Creditor's name

JPMorgan Chase Bank

Creditor's mailing address

Collateral Mgmt Small BusinessPo Box 33035Louisville, KY 40232-3035

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Have you already specified the relative priority?☒ No. Specify each creditor, including this creditor, and its relative priority.See continuation page.☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

Furniture. Printers. computers. supplies and play material. Fire system and sprinkler system-not removable-leasehold improvement. Receivables- value is unresolved due to possible disputes and rejections. Generator. Excelsior Realty I, LLC. JoycareKids.com domain name. State PPECC License. Internal operational methods. Customer list

Describe the lien

Lien on inventory, chattel paper, accounts, equipment and general intangibles

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$50,138.00\$37,125.00

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.6 Creditor's name

JPMorgan Chase Bank

Creditor's mailing address

Collateral Mgmt Small BusinessPo Box 33035Louisville, KY 40232-3035

Creditor's email address, if known

Date debt was incurred

6 0 0 5

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No☒ Yes. Have you already specified the relative priority?☒ No. Specify each creditor, including this creditor, and its relative priority.See continuation page.☐ Yes. The relative priority of creditors is specified on lines

Describe debtor's property that is subject to a lien

State PPECC License, JoycareKids.com domain name, Internal operational methods, Customer list, Generator, Receivables- value is unresolved due to possible disputes and rejections, Van, 2014 GMC SAV, Excelsior Realty I, LLC, Furniture, Fire system and sprinkler system-not removable-leasehold improvement, Security system- not removable-leasehold improvement, Printers, computers, supplies and play material

Describe the lien

Lien on inventory, chattel paper, accounts, equipment and general intangibles

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed\$154,631.00\$75,125.00

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.7 Creditor's nameMarlin Business Bank**Describe debtor's property that is subject to a lien**Security system- not removable-leasehold improvement\$21,358.00\$1,000.00**Creditor's mailing address**Po Box 1626Mount Laurel, NJ 08054-7626**Describe the lien**Equipment financing - Protection One system- may be duplicate of US Bank Equipment Finance- No UCC filed**Creditor's email address, if known****Is the creditor an insider or related party?**☒ No☐ Yes**Date debt was incurred****Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**Last 4 digits of account number****As of the petition filing date, the claim is:**

Check all that apply.

Do multiple creditors have an interest in the same property?☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Contingent☐ Unliquidated☒ Disputed☒ Yes. The relative priority of creditors is specified on lines 2.6**2.8 Creditor's name**SBA Disaster Loan Service Center**Describe debtor's property that is subject to a lien**Receivables- value is unresolved due to possible disputes and rejections. Furniture. Printers. computers. supplies and play material. Generator. State PPECC License. JoycareKids.com domain name. Internal operational methods. Customer list. Van. Fire system and sprinkler system-not removable-leasehold improvement. Security system- not removable-leasehold improvement\$216,788.00\$49,030.00**Creditor's mailing address**1545 Hawkins Blvd. Ste. 202El Paso, TX 79925**Describe the lien**Lien on inventory, chattel paper, accounts, equipment and general intangibles**Creditor's email address, if known****Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☐ No☒ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed☒ Yes. The relative priority of creditors is specified on lines 2.1, 2.3, 2.4, 2.5, 2.6

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.9	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<u>U.S. Bank Equipment Finance</u>	<u>Security system- not removable-leasehold improvement</u>	<u>\$22,300.00</u>	<u>\$1,000.00</u>
	Creditor's mailing address	Describe the lien		
	<u>1310 Madrid St</u>	Lien on security system-Debtor cannot locate documents on loan and lien- possibly same loan as Marlin		
	<u>Marshall, MN 56258-4099</u>			
	Creditor's email address, if known	Is the creditor an insider or related party?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes		
	Date debt was incurred	Is anyone else liable on this claim?		
		<input checked="" type="checkbox"/> No		
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
	Last 4 digits of account number	As of the petition filing date, the claim is:		
		Check all that apply.		
		<input checked="" type="checkbox"/> Contingent		
		<input type="checkbox"/> Unliquidated		
		<input checked="" type="checkbox"/> Disputed		
	Do multiple creditors have an interest in the same property?			
	<input type="checkbox"/> No			
	<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?			
	<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
	<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.6</u>			

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Part 1: Additional Page

2.4 Creditor's name

Huan Le

Specify each creditor, including this creditor, and its relative priority.

For Receivables- value is unresolved due to possible disputes and rejections: 1) JPMorgan Chase Bank; 2) SBA Disaster Loan Service Center ; **3) Huan Le**; 4) JPMorgan Chase Bank; For Furniture: 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; **4) Huan Le**; For Printers, computers, supplies and play material: 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; **4) Huan Le**; For Generator: 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; **4) Huan Le**; 5) Generators of Houston; For State PPECC License: 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; **4) Huan Le**

2.5 Creditor's name

JPMorgan Chase Bank

Specify each creditor, including this creditor, and its relative priority.

For Furniture: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; 4) Huan Le; For Printers, computers, supplies and play material: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; 4) Huan Le; For Fire system and sprinkler system-not removable-leasehold improvement: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; For Receivables- value is unresolved due to possible disputes and rejections: 1) JPMorgan Chase Bank; 2) SBA Disaster Loan Service Center ; 3) Huan Le; **4) JPMorgan Chase Bank**; For Generator: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; 4) Huan Le; 5) Generators of Houston; For Excelsior Realty I, LLC: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; For JoycareKids.com domain name: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; For State PPECC License: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; 4) Huan Le; For Internal operational methods: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; For Customer list: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center

2.6 Creditor's name

JPMorgan Chase Bank

Specify each creditor, including this creditor, and its relative priority.

For State PPECC License: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; For JoycareKids.com domain name: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; For Internal operational methods: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; For Customer list: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; For Generator: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; 5) Generators of Houston; For Receivables- value is unresolved due to possible disputes and rejections: **1) JPMorgan Chase Bank**; 2) SBA Disaster Loan Service Center ; 3) Huan Le; 4) JPMorgan Chase Bank; For Van: 1) Ally Financial ; **2) JPMorgan Chase Bank**; 3) SBA Disaster Loan Service Center ; For 2014 GMC SAV: 1) Arvest Equipment Finance; **2) JPMorgan Chase Bank**; For Excelsior Realty I, LLC: 1) JPMorgan Chase Bank; **2) JPMorgan Chase Bank**; For Furniture: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; For Fire system and sprinkler system-not removable-leasehold improvement: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; For Security system- not removable-leasehold improvement: 1) U.S. Bank Equipment Finance; 2) Marlin Business Bank; **3) JPMorgan Chase Bank**; 4) SBA Disaster Loan Service Center ; For Printers, computers, supplies and play material: **1) JPMorgan Chase Bank**; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1****Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Total claim**Priority amount**

2.2**Priority creditor's name and mailing address**

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____

As of the petition filing date, the claim is:*Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

Is the claim subject to offset?

- ☐ No
☐ Yes

Debtor Joycare Therapy, LLC

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22-33581-H3-11**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing addressAcosta Diaz, Aniuska17907 Glenpatti drHouston, TX 77084

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yesunknown**3.2** Nonpriority creditor's name and mailing addressAdams Family8201 W Belfort AveHouston, TX 77071

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yesunknown**3.3** Nonpriority creditor's name and mailing addressAdams, Tonya1902 Hiltonhead DrMissouri City, TX 77459

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yesunknown**3.4** Nonpriority creditor's name and mailing addressAED 123, LLC2200 Post Oak Blvd Suite 1000Houston, TX 77056

Date or dates debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yesunknown

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3.5 Nonpriority creditor's name and mailing address <u>Ahaotu, Ashely</u> <u>1000 Cypress Station Dr #507</u> <u>Houston, TX 77090</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6 Nonpriority creditor's name and mailing address <u>Ahaotu, Ashely</u> <u>1000 Cypress Station Dr #507</u> <u>Houston, TX 77090</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address <u>Aim Staffing, Inc</u> <u>9900 Westpark Dr</u> <u>Houston, TX 77063-5277</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$22,830.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address <u>Akachukwu, Ike L</u> <u>2518 hunter side trail</u> <u>fresno, TX 77545</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.9 Nonpriority creditor's name and mailing address <u>Alfaro Family</u> <u>13734 Alderson St</u> <u>Houston, TX 77015</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address <u>Allen Family</u> <u>3511 Kaufman Ave</u> <u>Pearland, TX 77584</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11 Nonpriority creditor's name and mailing address <u>Allen, Telecia S</u> <u>14514 Maisermore Rd.</u> <u>Houston, TX 77015</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address <u>Alliant Insurance</u> <u>3600 N Capital of Texas Hwy Ste 200 D,</u> <u>Austin, TX 78746-3314</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.13 Nonpriority creditor's name and mailing address <u>Althorshan, Ntum</u> <u>12330 Grove Meadow Dr</u> <u>Stafford, TX 77477</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address <u>Amell, Carmenza</u> <u>2873 Everett Drive</u> <u>Friendswood, TX 77546</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address <u>Bala, Hannah</u> <u>811 Birdsall Street, Unit A</u> <u>Houston, TX 77007</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16 Nonpriority creditor's name and mailing address <u>BankDirect Capital Finance</u> <u>150 N Field Dr Ste 190</u> <u>Lake Forest, IL 60045-2594</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _ Remarks: Security interest in unearned insurance premiums	As of the petition filing date, the claim is: <u>\$6,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Financing of liability Basis for the claim: <u>insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.17 Nonpriority creditor's name and mailing address <u>Banks Family</u> <u>9125 HWY 6 N apt 534</u> <u>Houston, TX 77095</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18 Nonpriority creditor's name and mailing address <u>Bargky Family</u> <u>15210 Addicks Stone Dr. Unit B</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19 Nonpriority creditor's name and mailing address <u>Barnes, Yvette C</u> <u>14203 Teaberry Breeze Ct</u> <u>Houston, TX 77044</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20 Nonpriority creditor's name and mailing address <u>Basey, Ebony</u> <u>1602 Enclave Pkwy Apt 1914G</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.21 Nonpriority creditor's name and mailing address <u>Battaglia, Vanessa</u> <u>10615 Dawn Pine Forest Trl</u> <u>Tomball, TX 77375</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22 Nonpriority creditor's name and mailing address <u>Bento Technologies</u> <u>PO Box 10929</u> <u>Chicago, IL 60610</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address <u>Billiot, Jacqueline</u> <u>1300 N Post Oak Rd</u> <u>Houston, TX 77055</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address <u>Bing, Amanda</u> <u>3800 County Road 94 #12202</u> <u>Manvel, TX 77578</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.25 Nonpriority creditor's name and mailing address <u>Blaise Gibson</u> <u>16 Cornell Dr</u> <u>Wyandanch, NY 11798-1206</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$166,061.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26 Nonpriority creditor's name and mailing address <u>Blanco Family</u> <u>10326 Bushy Creek</u> <u>Houston, TX 77070</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address <u>Bongaman, Elvin T</u> <u>14405 Bro Bonito Rd 339</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address <u>Boston Family</u> <u>7023 Hobby Wind Ridge</u> <u>Houston, TX 77075</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.29	Nonpriority creditor's name and mailing address <u>Broeske, Kenya</u> <u>4203 Tranquil View Dr</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <u>Burke, Cottichia J</u> <u>12543 S Ashford Villa Ln</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <u>Busby Family</u> <u>6706 Ralston St apt C6</u> <u>Houston, TX 77016</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address <u>Campbell, Tanisha</u> <u>12433 Tidwell 332</u> <u>Houston, TX 77044</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.33 Nonpriority creditor's name and mailing address <u>Carson, Shamelia</u> <u>13126 Kingston Point Ln</u> <u>Houston, TX 77047</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34 Nonpriority creditor's name and mailing address <u>Carston, Rontreslyn</u> <u>137 Town Homes Dr</u> <u>Lafayette, TX 70501</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address <u>Carter, Katie</u> <u>12815 Bamboo Forest Trail</u> <u>Houston, TX 77044</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36 Nonpriority creditor's name and mailing address <u>Chase Card Services</u> <u>PO Box 15298</u> <u>Carol Stream, IL 60197</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>1</u> <u>1</u> <u>9</u> <u>5</u>	As of the petition filing date, the claim is: <u>\$95,266.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.37 Nonpriority creditor's name and mailing address <u>Chinn, Sundara</u> <u>5611 Oak Trail Ln</u> <u>Houston, TX 77091</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address <u>Choksey, Farnaz</u> <u>6251 Agassi Ace Ct</u> <u>Spring, TX 77379</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address <u>Christian Thisgaard</u> <u>4927 Rose Canyon Ln</u> <u>Katy, TX 77494-6542</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$5,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address <u>CHURCH Family</u> <u>2040 GREENHOUSE RD</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.41 Nonpriority creditor's name and mailing address <u>City of Houston</u> <u>Po Box 4863</u> <u>Houston, TX 77210-4863</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$11,828.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address <u>Cleveland, Laura M</u> <u>7610 Echinacea Drive</u> <u>Baytown, TX 77521</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43 Nonpriority creditor's name and mailing address <u>Coleman, Donna M</u> <u>4006 Appleroock Drive</u> <u>Baytown, TX 77521</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address <u>Coria, Jessica</u> <u>8503 Church Light Ln</u> <u>Houston, TX 77064</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.45 Nonpriority creditor's name and mailing address <u>Corley Family</u> <u>9251 Burdine St</u> <u>Houston, TX 77096</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46 Nonpriority creditor's name and mailing address <u>Cottichia Burke</u> <u>5218 Prairie Terrace Ln</u> <u>Fulshear, TX 77441-2199</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$120,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address <u>Cotton, Alexandra</u> <u>2801 Walnutbend Ln #71</u> <u>Houston, TX 77042</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48 Nonpriority creditor's name and mailing address <u>CP Energy Entex</u> <u>P.O. Box 4981</u> <u>Houston, TX 77210</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p>3.49 Nonpriority creditor's name and mailing address</p> <p><u>Crawford, Angel</u></p> <p><u>4855 W Fuqua St, Apt 2203</u></p> <p><u>Houston, TX 77045</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.50 Nonpriority creditor's name and mailing address</p> <p><u>Creixe, Miren</u></p> <p><u>7300 Brompton Street, Apt. 5713</u></p> <p><u>Houston, TX 77025</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.51 Nonpriority creditor's name and mailing address</p> <p><u>Creixel, Miren</u></p> <p><u>7300 Brompton Street #5713</u></p> <p><u>Houston, TX 77025</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.52 Nonpriority creditor's name and mailing address</p> <p><u>Cross, Lillian</u></p> <p><u>12903 Glenwyck St</u></p> <p><u>Houston, TX 77045</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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3.53 Nonpriority creditor's name and mailing address <u>CUELLAR Family</u> <u>7434 BROWNSVILLE ST</u> <u>Houston, TX 77020</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54 Nonpriority creditor's name and mailing address <u>David Franklin</u> <u>18030 Rancho St</u> <u>Encino, CA 91316-4213</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$243,946.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55 Nonpriority creditor's name and mailing address <u>DAVIS NELSON Family</u> <u>15830 Willbriar Lane</u> <u>Missouri City, TX 77489</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56 Nonpriority creditor's name and mailing address <u>Davis-Nelson Family</u> <u>15830 Willbriar Ln</u> <u>Missouri City, TX 77489</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.57	Nonpriority creditor's name and mailing address <u>Dearborne Family</u> <u>1950 Eldridge Pkwy unit 14304</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address <u>Delasbour JR Family</u> <u>1008 Lindsey Dr</u> <u>Rosenburg, TX 77471</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address <u>Dewalt Family</u> <u>16966 Northchase Dr</u> <u>Houston, TX 77060</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address <u>Diego Bello</u> <u>5302 La Branch St</u> <u>Houston, TX 77004-6834</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$8,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.61 Nonpriority creditor's name and mailing address <u>Dimiceli Family</u> <u>2605 Reed Rd unit 2217</u> <u>Houston, TX 77051</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62 Nonpriority creditor's name and mailing address <u>Dobie Family</u> <u>16223 Green Shade Dr</u> <u>Houston, TX 77090</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63 Nonpriority creditor's name and mailing address <u>Don Tom and Judy Le</u> <u>4135 Tartan Ln</u> <u>Houston, TX 77025-2920</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$526,357.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64 Nonpriority creditor's name and mailing address <u>Edmond, Taylor</u> <u>13146 Skyview Landing Dr</u> <u>Houston, TX 77047</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.65 Nonpriority creditor's name and mailing address <u>Ejezie Family</u> <u>17006 Audrey Arbor Way</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66 Nonpriority creditor's name and mailing address <u>E-Lim, Inc.</u> <u>6720 Sands Point Dr., Ste. 103</u> <u>Houston, TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67 Nonpriority creditor's name and mailing address <u>Eromosele, Sarah</u> <u>17203 Quiet Song Ct</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68 Nonpriority creditor's name and mailing address <u>Excelsior Realty I, LLC</u> <u>1808 Antoine Dr</u> <u>Houston, TX 77055-1842</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$13,778.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.69 Nonpriority creditor's name and mailing address <u>Fire and Life Safety</u> <u>7077 W 43rd St</u> <u>Houston, TX 77092-4439</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Remarks: Sprinkler system	As of the petition filing date, the claim is: <u>\$10,480.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Possibly security system but no UCC filed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70 Nonpriority creditor's name and mailing address <u>FLANAGAN Family</u> <u>13208 RAVENLAKE DR</u> <u>Pearland, TX 77584</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71 Nonpriority creditor's name and mailing address <u>Flores, Juan A</u> <u>5002 Whispering Falls Dr</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72 Nonpriority creditor's name and mailing address <u>Flores-Olloqui, Adriana G</u> <u>5002 Whispering Falls Dr</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.73	Nonpriority creditor's name and mailing address <u>Floyd Family</u> <u>1950 Eldridge Pkwy unit 9108</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74	Nonpriority creditor's name and mailing address <u>Ford Family</u> <u>12660 Stafford Rd Apt 135</u> <u>Stafford, TX 77477</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address <u>Frazier, Kathania</u> <u>3215 Breeze Bluff Way</u> <u>Richmond, TX 77406</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address <u>Frederick Francis Franklin</u> <u>3501 Tiffany Ridge Ln</u> <u>Blue Ash, OH 45241-3810</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$20,738.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.77 Nonpriority creditor's name and mailing address <u>Freeman, Yulonda</u> <u>6706 Finch St Apt 1</u> <u>Houston, TX 77028</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78 Nonpriority creditor's name and mailing address <u>Gabba, Alimatu</u> <u>12910 Balarama dr</u> <u>Houston, TX 77099</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79 Nonpriority creditor's name and mailing address <u>Gage Medical Management Services</u> <u>Po Box 631571</u> <u>Nacogdoches, TX 75963-1571</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$46,133.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80 Nonpriority creditor's name and mailing address <u>Garay Callejas, Laura</u> <u>18506 S Wimbledon Dr</u> <u>Katy, TX 77449</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.81	Nonpriority creditor's name and mailing address <u>Garcia Family</u> <u>8315 Radial Ct</u> <u>Rosharon, TX 77583</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82	Nonpriority creditor's name and mailing address <u>Garcia, Chessica</u> <u>4406 washmon ave</u> <u>Harlingen, TX 78552</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83	Nonpriority creditor's name and mailing address <u>Garrick Family</u> <u>302 Crosstimbers St. Apt. 207</u> <u>Houston, TX 77022</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84	Nonpriority creditor's name and mailing address <u>Gaston, Shawn L</u> <u>4930 Vintage Grove Ct</u> <u>Katy, TX 77449</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.85 Nonpriority creditor's name and mailing address <u>Gilpin, Angelisa</u> <u>24758 Grand Harbor Dr, Apt 608</u> <u>Katy, TX 77494</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.86 Nonpriority creditor's name and mailing address <u>Givens, Miata</u> <u>3126 Dogwood Springs Drive</u> <u>Houston, TX 77073</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87 Nonpriority creditor's name and mailing address <u>Gomez, Zuzel</u> <u>20811 Grenoble Ln</u> <u>Katy, TX 77450</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88 Nonpriority creditor's name and mailing address <u>Gonzalez, Carla</u> <u>21730 Hegewick Ct</u> <u>Spring, TX 77388</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.89 Nonpriority creditor's name and mailing address <u>GREEN Family</u> <u>15447 BMMEL FIELDS CT</u> <u>Houston, TX 77014</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90 Nonpriority creditor's name and mailing address <u>Grossman, Micah</u> <u>24142 Mirabella Way</u> <u>Richmond, TX 77406</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91 Nonpriority creditor's name and mailing address <u>Harrell Architects, LP</u> <u>2016 Bauer Dr</u> <u>Houston, TX 77080</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$20,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.92 Nonpriority creditor's name and mailing address <u>Harris County Rides</u> <u>8410 Lantern Point Dr</u> <u>Houston, TX 77054</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.93 Nonpriority creditor's name and mailing address <u>Harris County Toll Road</u> <u>Po Box 4440</u> <u>Houston, TX 77210-4440</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$168.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94 Nonpriority creditor's name and mailing address <u>Harrison, Kymbra</u> <u>3711 Southmore Blvd</u> <u>Houston, TX 77004</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95 Nonpriority creditor's name and mailing address <u>Healthcare Services</u> <u>1001 E. Lookout Dr.</u> <u>Richardson, TX 75082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96 Nonpriority creditor's name and mailing address <u>Hidalgo, Brenda</u> <u>10301 Sandpiper Dr</u> <u>Houston, TX 77096</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.97	Nonpriority creditor's name and mailing address <u>Huan Le</u> <u>3750 Childress St</u> <u>Houston, TX 77005-1112</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$359,987.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address <u>IT SWITCHER</u> <u>6720 Sands Point Dr Ste 101</u> <u>Houston, TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address <u>Jackson Family</u> <u>3414 Knotty Oaks Tr</u> <u>Houston, TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address <u>Jackson, Laretha</u> <u>10103 lansdale dr. #605</u> <u>houston, TX 77036</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.101 Nonpriority creditor's name and mailing address <u>Jackson, Norma</u> <u>2525 S Voss Rd</u> <u>Houston, TX 77052</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102 Nonpriority creditor's name and mailing address <u>Jimenez, Nina</u> <u>77 East Edgebrook Drive, Apt 809</u> <u>Houston, TX 77034</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103 Nonpriority creditor's name and mailing address <u>Johnson Family</u> <u>1506 Willow Rock Rd</u> <u>Houston, TX 77088</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104 Nonpriority creditor's name and mailing address <u>Johnson, Laura</u> <u>331 N Texas St</u> <u>Texas City, TX 77591</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.105	Nonpriority creditor's name and mailing address <u>Jones Family</u> <u>6767 Long Drive Unit 110</u> <u>Houston, TX 77087</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address <u>Jones Family</u> <u>3910 Tiffany Dr.</u> <u>Houston, TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address <u>Jones, Lisa</u> <u>119 king st</u> <u>Anderson, TX 29624</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address <u>Jones, Toya</u> <u>14810 Earlswood Dr</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.109	Nonpriority creditor's name and mailing address <u>Joycare Family</u> <u>2222 Sandspoint Dr</u> <u>Houston, TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address <u>Kanrad Technologies Inc</u> <u>4340 Stevens Creek Blvd Ste 162</u> <u>San Jose, CA 95129-1161</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$4,871.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address <u>Kathryn Espana</u> <u>3830 Sun Valley Dr</u> <u>Houston, TX 77025-4139</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$8,800.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address <u>Kearney Family</u> <u>2027 Plantation Dr</u> <u>Richmond, TX 77406</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.113 Nonpriority creditor's name and mailing address <u>Knowles, Angella</u> <u>7806 Birmingham St</u> <u>Houston, TX 77028</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114 Nonpriority creditor's name and mailing address <u>LaBrie, Monica L</u> <u>24319 Treviso Gardens</u> <u>Katy, TX 77493</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 Nonpriority creditor's name and mailing address <u>Lagard Family</u> <u>6400 W Belfort apt 1012</u> <u>Houston, TX 77035</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116 Nonpriority creditor's name and mailing address <u>Lee, April</u> <u>7616 N Main St # A</u> <u>Houston, TX 77022</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.117 Nonpriority creditor's name and mailing address <u>Leopold, Kendrea</u> <u>15906 Manfield Drive</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address <u>Lewis Family</u> <u>8601 Wednesbury Ln Apt 219</u> <u>Houston, TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address <u>Lindsay, Chamasia</u> <u>5451 Fulton St #2407</u> <u>Houston, TX 77009</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address <u>Lopez Martinez Family</u> <u>77 E Edgebrook Dr Apt 204</u> <u>Houston, TX 77034</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.121 Nonpriority creditor's name and mailing address <u>Lopez, Claudia</u> <u>20022 Tunnam Trail</u> <u>Houston, TX 77073</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 Nonpriority creditor's name and mailing address <u>Macwan, Adrian</u> <u>6003 Soledad Pine Cir</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123 Nonpriority creditor's name and mailing address <u>Mahmood, Fizzah</u> <u>7235 Granvia Drive</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124 Nonpriority creditor's name and mailing address <u>Mangwa, Natty</u> <u>3225 Woodland Park Dr #1611</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.125 Nonpriority creditor's name and mailing address <u>Marks, Nesha</u> <u>4006 Brandwere Way St</u> <u>Houston, TX 77066</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.126 Nonpriority creditor's name and mailing address <u>Marody, John</u> <u>234 Soren Ln</u> <u>Houston, TX 77076</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127 Nonpriority creditor's name and mailing address <u>Martinez, Cecilia</u> <u>3418 Rockyridge Dr</u> <u>Houston, TX 77063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128 Nonpriority creditor's name and mailing address <u>Mason-Kelly, Mahagony</u> <u>2500 Woodland Park Dr</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.129	Nonpriority creditor's name and mailing address <u>Mbah, Justine</u> <u>7814 country space loop north</u> <u>Richmond, TX 77469</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address <u>McCann, London</u> <u>1911 Grand Oak</u> <u>Pearland, TX 77581</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	Nonpriority creditor's name and mailing address <u>McKesson</u> <u>9954 Maryland Drive 4000</u> <u>Henrico, VA 23233</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$3,471.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address <u>McKinney, Detra</u> <u>18155 Sorrell Oaks Cir</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.133	Nonpriority creditor's name and mailing address <u>McNeil, Vianna</u> <u>2820 Fountain View Dr</u> <u>Houston, TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address <u>Medlock-Brown, Mahogane</u> <u>5440 Braesvalley Dr</u> <u>Houston, TX 77096</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address <u>Medlock-Brown, Mahogane R</u> <u>5440 Bravesvalley Dr #183</u> <u>Houston, TX 77096</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	Nonpriority creditor's name and mailing address <u>Micah Grossman</u> <u>24142 Mirabella Way</u> <u>Richmond, TX 77406-4536</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$293,001.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.137 Nonpriority creditor's name and mailing address <u>Middleton, Mollyerin</u> <u>7731 Meadowvale Drive</u> <u>Houston, TX 77063</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138 Nonpriority creditor's name and mailing address <u>Miguel Family</u> <u>4235 Barberry Dr Apt 203</u> <u>Houston, TX 77051</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139 Nonpriority creditor's name and mailing address <u>Mistry Family</u> <u>11111 Gavin Place Dr</u> <u>Houston, TX 77088</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140 Nonpriority creditor's name and mailing address <u>Molina Zuniga, Hector</u> <u>18211 foley park ct</u> <u>Cypress, TX 77433</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.141 Nonpriority creditor's name and mailing address <u>Molina, Hector</u> <u>18211 foley park ct</u> <u>Cypress, TX 77433</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142 Nonpriority creditor's name and mailing address <u>Montufar Rojas Family</u> <u>3620 Woodchase Apt 124</u> <u>Houston, TX 77042</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143 Nonpriority creditor's name and mailing address <u>Moody, Jahnisha</u> <u>3363 Mccue rd apt 240</u> <u>Houston , TX 77056</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144 Nonpriority creditor's name and mailing address <u>Morales III Family</u> <u>3003 Memorial Ct</u> <u>Houston, TX 77007</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.145 Nonpriority creditor's name and mailing address <u>Muguercia, Yamiledis</u> <u>14041 Pine Lane</u> <u>Humble, TX 77396</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146 Nonpriority creditor's name and mailing address <u>Nimmo-Ward, Korto</u> <u>8430 Antoine Dr #271</u> <u>Houston, TX 77088</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147 Nonpriority creditor's name and mailing address <u>Noemi Sirisaengfaksin</u> <u>8335 Mentmore Dr</u> <u>Spring, TX 77379-6753</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$90,642.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148 Nonpriority creditor's name and mailing address <u>Nwigwe, Nnajiike C</u> <u>20118 Stonebridge Terrace Dr.</u> <u>Houston, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.149 Nonpriority creditor's name and mailing address <u>Oakes, Jenna</u> <u>19707 Horseshoe Lake Ln</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.150 Nonpriority creditor's name and mailing address <u>Odom, Tanya</u> <u>1409 Banbury Circle</u> <u>Livingston, TX 77351</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.151 Nonpriority creditor's name and mailing address <u>Oglesby, Brittany</u> <u>3318 Sparrow St</u> <u>Houston, TX 77051</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152 Nonpriority creditor's name and mailing address <u>Ogunseinde Family</u> <u>735 Dulles Ave Apt 817</u> <u>Stafford, TX 77477</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.153	Nonpriority creditor's name and mailing address <u>Okonkwo, Susan</u> <u>12777 Ashford Point Ln</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	Nonpriority creditor's name and mailing address <u>Okonwo, Susan</u> <u>12777 Ashford point Dr</u> <u>Houston , TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	Nonpriority creditor's name and mailing address <u>Oliver Family</u> <u>23719 Pebworth Pl</u> <u>Spring, TX 77373</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	Nonpriority creditor's name and mailing address <u>Ooma Lakshmanan</u> <u>15311 Ripplestream St</u> <u>Houston, TX 77068-1833</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$183,814.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.157 Nonpriority creditor's name and mailing address <u>ORTIZ Family</u> <u>507 Renfro Burford Rd</u> <u>Fresno, TX 77545</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158 Nonpriority creditor's name and mailing address <u>Ortiz, Maria</u> <u>6301 Sierra Blanca Dr #5607</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.159 Nonpriority creditor's name and mailing address <u>Ortiz, Mariadelcarmen</u> <u>6301 Sierra Blanca Dr, Apt 5607</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.160 Nonpriority creditor's name and mailing address <u>Palacios, Rebecca T</u> <u>8800 Fondren Rd</u> <u>Houston, TX 77074</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.161 Nonpriority creditor's name and mailing address <u>Pasadena Sign Company</u> <u>15255 Gulf Freeway A146</u> <u>Houston, TX 77034</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162 Nonpriority creditor's name and mailing address <u>Patterson Family</u> <u>1445 Lakeside Estates Apt 3100</u> <u>Houston, TX 77042</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163 Nonpriority creditor's name and mailing address <u>Peneza, Sime</u> <u>9605 Bakers Ave</u> <u>Houston, TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164 Nonpriority creditor's name and mailing address <u>Peneza, Sime Charlz</u> <u>9605 Bakers Ave</u> <u>Houston, TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.165	Nonpriority creditor's name and mailing address <u>Pequeno Family</u> <u>6810 W. Fuqua St.</u> <u>Missouri City, TX 77489</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.166	Nonpriority creditor's name and mailing address <u>Pequeno, Diane</u> <u>609 Spooner St</u> <u>Pasadena, TX 77506</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address <u>Peter Franklin</u> <u>1201 Taylor St</u> <u>Austin, TX 78702-5333</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$5,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address <u>Posadas, Ivelisse</u> <u>9214 Calabrian Pine Court</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.169	Nonpriority creditor's name and mailing address <u>Powell Family</u> <u>21247 Rezanof Rd</u> <u>Humble, TX 77338</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address <u>PPE Supplies</u> <u>5307 Patrick Henry St</u> <u>Bellaire, TX 77401</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address <u>PPEC KANTIME Family</u> <u>123 joy care lane</u> <u>San Antonio, TX 78222</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address <u>Provost Family</u> <u>19922 Brisbane Meadows Dr</u> <u>Katy, TX 77449</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.173	Nonpriority creditor's name and mailing address <u>Quill</u> <u>7 Technology Cir</u> <u>Columbia, SC 29203-9591</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$1,322.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address <u>Quiroz Family</u> <u>2901 Fulton St Apt 435</u> <u>Houston, TX 77009</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address <u>Ramos Family</u> <u>2814 Honeysuckle st</u> <u>Rosharon, TX 77583</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address <u>Realmed</u> <u>510 E 96th St #400</u> <u>Indianapolis, IN 46240</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.177	Nonpriority creditor's name and mailing address <u>Reed, Christina</u> <u>6328 Austinville Dr</u> <u>Katy, TX 77449</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	Nonpriority creditor's name and mailing address <u>Reilly, Kelly</u> <u>1109 Linwood Circle</u> <u>Pasadena, TX 77502</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.179	Nonpriority creditor's name and mailing address <u>Reliant Energy</u> <u>P.O. Box 1700</u> <u>Houston, TX 77251-1700</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$4,433.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Electricity</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.180	Nonpriority creditor's name and mailing address <u>Rhodes, Crystal</u> <u>9235 Willow Crossing Dr</u> <u>Houston, TX 77064</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.181 Nonpriority creditor's name and mailing address <u>Rice Family</u> <u>10181 Windmill Lakes blvd Apt 814</u> <u>Houston, TX 77075</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182 Nonpriority creditor's name and mailing address <u>Rivera Family</u> <u>13131 Pearson St</u> <u>Houston, TX 77023</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183 Nonpriority creditor's name and mailing address <u>Roberts, Sabrina</u> <u>8655 Jones Rd #1908</u> <u>Houston, TX 77065</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184 Nonpriority creditor's name and mailing address <u>Robertson Family</u> <u>2660 Augusta Dr</u> <u>Houston, TX 77057</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.185 Nonpriority creditor's name and mailing address <u>Rocha, Savannah</u> <u>6160 E Sam Houston Pkwy N Apt 2107</u> <u>Houston, TX 77049</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186 Nonpriority creditor's name and mailing address <u>Rodriguez Family</u> <u>3001 Shady Creek Dr</u> <u>Pearland, TX 77581</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.187 Nonpriority creditor's name and mailing address <u>Rossi, Victoria</u> <u>5312 Clarewood Dr 48 C</u> <u>Houston, TX 77081</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188 Nonpriority creditor's name and mailing address <u>Roto Rooter</u> <u>3403 N Sam Houston Pkwy W, Ste 400</u> <u>Houston, TX 77086</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.189	Nonpriority creditor's name and mailing address <u>Ruvalcaba Family</u> <u>8123 Legacy Creek Dr</u> <u>Tomball, TX 77375</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.190	Nonpriority creditor's name and mailing address <u>Salazar, Candice M</u> <u>735 Dulles Ave #1121</u> <u>Stafford, TX 77477</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191	Nonpriority creditor's name and mailing address <u>Samuel, Jane</u> <u>9602 Sandstone Road</u> <u>Houston, TX 77036</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192	Nonpriority creditor's name and mailing address <u>Sandres Family</u> <u>10000 Hammerly Blvd</u> <u>Houston, TX 77080</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.193 Nonpriority creditor's name and mailing address <u>Sangodeyi, Augustina</u> <u>17934 Royal gate lane</u> <u>Richmond tx, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.194 Nonpriority creditor's name and mailing address <u>Santos, Maricela</u> <u>6922 Keats St</u> <u>Houston, TX 77085</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195 Nonpriority creditor's name and mailing address <u>Santos-Meza Family</u> <u>5570 Gasmer Dr Apt 117</u> <u>Houston, TX 77035</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196 Nonpriority creditor's name and mailing address <u>Sawadogo, Tahira</u> <u>13099 Westheimer Rd, Apt. 2602</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.197 Nonpriority creditor's name and mailing address <u>Scifres-Farmer, Lisa G</u> <u>10002 Kirkaspen Drive</u> <u>Houston, TX 77089</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198 Nonpriority creditor's name and mailing address <u>SCOTT Family</u> <u>480 Brandon Rd</u> <u>Conroe, TX 77302</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199 Nonpriority creditor's name and mailing address <u>Sears, Monisea</u> <u>7723 Spinnet Street</u> <u>Houston, TX 77016</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200 Nonpriority creditor's name and mailing address <u>Sharp, Shaquita</u> <u>5335 Aldine Bender rd</u> <u>Houston, TX 77032</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.201 Nonpriority creditor's name and mailing address <u>Sharps, Thomasina</u> <u>24200 Southwest Fwy Ste 402-109</u> <u>Rosenberg, TX 77471</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.202 Nonpriority creditor's name and mailing address <u>Shellise and Keshia Josephs</u> <u>1100 Avenue of Port Imperial 427</u> <u>Weehawken, NY 07086</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>\$82,638.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.203 Nonpriority creditor's name and mailing address <u>ShredIt</u> <u>10801 Kempwood Dr Ste 4</u> <u>Houston, TX 77043-1414</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Document shredding</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.204 Nonpriority creditor's name and mailing address <u>Sierra, Darlene</u> <u>825 Usener #615</u> <u>Houston, TX 77009</u> Date or dates debt was incurred _____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.205	Nonpriority creditor's name and mailing address <u>Smith Family</u> <u>148 Memorial Drive Apt 2511</u> <u>Houston, TX 77071</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.206	Nonpriority creditor's name and mailing address <u>SSB Trust Stops</u> <u>1645 E 6th Street, Suite 200</u> <u>Austin, TX 78702</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.207	Nonpriority creditor's name and mailing address <u>Star Building Services</u> <u>1717 Gessner Rd</u> <u>Houston, TX 77080-7003</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$2,221.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.208	Nonpriority creditor's name and mailing address <u>Steinman, Rebecca</u> <u>2612 Michael Wayne Rd</u> <u>Rosharon, TX 77583</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.209	Nonpriority creditor's name and mailing address <u>Stephens Family</u> <u>3107 Indigo River Ln</u> <u>Sugar Land, TX 77479</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.210	Nonpriority creditor's name and mailing address <u>Stewart, Leahcim B</u> <u>16107 Coyridge Lane</u> <u>Houston, TX 77053</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.211	Nonpriority creditor's name and mailing address <u>Stith, Qynne</u> <u>330 Maybrook Dr</u> <u>Houston, TX 77015</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.212	Nonpriority creditor's name and mailing address <u>Storquest Economy Storage</u> <u>6250 Westward St</u> <u>Houston, TX 77081-3206</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Storage unit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.213	Nonpriority creditor's name and mailing address <u>Taramona, Carla</u> <u>4019 Brookmeade Dr</u> <u>Houston, TX 77045</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address <u>Terry Family</u> <u>7032 Terra Lane</u> <u>Manvel, TX 77578</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address <u>The Weston Group</u> <u>10101 Southwest Fwy Ste 205</u> <u>Houston, TX 77074-1142</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$11,900.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address <u>Thomas Family</u> <u>4739 Cairnvillage St</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.217	Nonpriority creditor's name and mailing address <u>Thomas, Ashley</u> <u>3431 Selene Dr</u> <u>Missouri City, TX 77459</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	Nonpriority creditor's name and mailing address <u>Tompkins, Erin</u> <u>2255 Eldridge Pkwy #1125</u> <u>Houston, TX 77077</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	Nonpriority creditor's name and mailing address <u>TruBlu HR Solutions</u> <u>350 Nursery Rd 2101</u> <u>Spring, TX 77380</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$11,120.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	Nonpriority creditor's name and mailing address <u>Tuynman, Heidi</u> <u>16218 Dunmoor Dr</u> <u>Houston, TX 77059</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.221	Nonpriority creditor's name and mailing address <u>Tzul Family</u> <u>7514 S Gessner rd apt 231</u> <u>Houston, TX 77036</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222	Nonpriority creditor's name and mailing address <u>Ultra Chemicals and Cleaning</u> <u>10501 Corporate Dr</u> <u>Stafford, TX 77477</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>\$1,600.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	Nonpriority creditor's name and mailing address <u>Vite Family</u> <u>917 Woodbine St</u> <u>Houston, TX 77017</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address <u>WAGNER Family</u> <u>10211 Peeble Trail Court</u> <u>Humble, TX 77338</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.225 Nonpriority creditor's name and mailing address <u>Walton, Rachel</u> <u>12660 Medfield Drive #419</u> <u>Houston, TX 77082</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226 Nonpriority creditor's name and mailing address <u>Waste Management</u> <u>PO Box 43350</u> <u>Phoenix, AZ 85080</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227 Nonpriority creditor's name and mailing address <u>Watson, Lashaunda</u> <u>15615 Blue Ash Dr #5105</u> <u>Houston, TX 77090</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.228 Nonpriority creditor's name and mailing address <u>Wedekind Family</u> <u>14810 Brookside Forest Dr</u> <u>Houston, TX 77040</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.229	Nonpriority creditor's name and mailing address <u>Wells, Jenna</u> <u>1904 Laurel Oaks Dr</u> <u>Richmond, TX 77469</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.230	Nonpriority creditor's name and mailing address <u>West Point Commercial Glass</u> <u>9150 Emnora Ln</u> <u>Houston, TX 77080</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address <u>White Family</u> <u>7250 W Greens Rd Apt 1108</u> <u>Houston, TX 77064</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.232	Nonpriority creditor's name and mailing address <u>Widodo, Evelyn</u> <u>16818 Whighams PI</u> <u>Richmond, TX 77407</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.233 Nonpriority creditor's name and mailing address <u>Williams Family</u> <u>12600 Dunlap st unit 897</u> <u>Houston, TX 77035</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.234 Nonpriority creditor's name and mailing address <u>Williams Family</u> <u>14405 Rio Bonito Rd Apt 250</u> <u>Houston, TX 77083</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.235 Nonpriority creditor's name and mailing address <u>Williams, Helena</u> <u>2401 W Sam Pkwy</u> <u>Houston, TX 77043</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.236 Nonpriority creditor's name and mailing address <u>Williams, Laura</u> <u>600 Nottingham Oak Trl #216</u> <u>Houston , TX 77079</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.237	Nonpriority creditor's name and mailing address <u>Winton, Teneka</u> <u>15919 Copper Oak Lane</u> <u>Houston, TX 77084</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.238	Nonpriority creditor's name and mailing address <u>Wygant, Susan</u> <u>2014 Snow Pine Lane</u> <u>Houston, TX 77089</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.239	Nonpriority creditor's name and mailing address <u>Young Family</u> <u>5500 N Braeswood Blvd apt 199</u> <u>Houston, TX 77096</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Part 3:** List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Robertson, Anschutz, Schneid & Crane LLC</u> <u>6409 Congress Ave Ste 100</u> <u>Boca Raton, FL 33487-2853</u>	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____ _____ _____ _____

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**

5a. Total claims from Part 1	5a.	<u>\$0.00</u>
5b. Total claims from Part 2	5b. +	<u>\$2,381,405.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u>\$2,381,405.00</u>

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11 Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Use of QuickBooks</u>	<u>Intuit Quickbooks</u>
		<u>Contract to be ASSUMED</u>	<u>2700 Coast Ave.</u>
	State the term remaining	<u>0 months</u>	<u>Mountain View, CA 94043</u>
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Software for operations</u>	<u>Kanrad Technologies</u>
			<u>4340 Stevens Creek Blvd Ste 162</u>
	State the term remaining	<u>0 months</u>	<u>San Jose, CA 95129-1147</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Employee payroll services and software</u>	<u>Gusto Payroll</u>
			<u>525 20th St.</u>
	State the term remaining	<u>0 months</u>	<u>San Francisco, CA 94107</u>
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Messaging service</u>	<u>Procare Connect</u>
			<u>1125 17th St Ste 1800</u>
	State the term remaining	<u>0 months</u>	<u>Denver, CO 80202-2026</u>
	List the contract number of any government contract		

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Shredding services</u>	<u>ShredIt</u>
	State the term remaining	<u>0 months</u>	<u>10801 Kempwood Dr Ste 4</u>
	List the contract number of any government contract		<u>Houston, TX 77043-1414</u>
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Internet services</u>	<u>Comcast</u>
	State the term remaining	<u>Contract to be ASSUMED</u>	<u>1 Comcast Ctr</u>
	List the contract number of any government contract	<u>0 months</u>	<u>Philadelphia, PA 19103-2838</u>
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Gas services</u>	<u>Centerpoint</u>
	State the term remaining	<u>0 months</u>	<u>P.O. Box 1700</u>
	List the contract number of any government contract		<u>Houston, TX 77251-1700</u>
2.8	State what the contract or lease is for and the nature of the debtor's interest	<u>Electricity contract</u>	<u>Reliant Energy</u>
	State the term remaining	<u>0 months</u>	<u>P.O. Box 1700</u>
	List the contract number of any government contract		<u>Houston, TX 77251-1700</u>
2.9	State what the contract or lease is for and the nature of the debtor's interest	<u>Water for building</u>	<u>City of Houston</u>
	State the term remaining	<u>Contract to be ASSUMED</u>	<u>Attn: Legal Department</u>
	List the contract number of any government contract	<u>0 months</u>	<u>P. O. Box 1560</u>
			<u>Houston, TX 77251</u>
2.10	State what the contract or lease is for and the nature of the debtor's interest	<u>Security</u>	<u>ADT</u>
	State the term remaining	<u>0 months</u>	<u>P.O. Box 361403</u>
	List the contract number of any government contract		<u>Columbus, OH 43236</u>

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.11	State what the contract or lease is for and the nature of the debtor's interest	<u>Waste disposal</u>	<u>Waste Management</u>
	State the term remaining	<u>0 months</u>	<u>Credit Department</u>
	List the contract number of any government contract		<u>1000 E. Noa Red Bluff</u>
			<u>Houston, TX 77034</u>
2.12	State what the contract or lease is for and the nature of the debtor's interest	<u>Vehicle insurance</u>	<u>Progressive County Mutual Insurance</u>
		<u>Contract to be ASSUMED</u>	<u>P.O. Box 43258</u>
	State the term remaining	<u>0 months</u>	<u>Cleveland, OH 44143-0258</u>
	List the contract number of any government contract		
2.13	State what the contract or lease is for and the nature of the debtor's interest	<u>General liability and other property insurance</u>	<u>Alliant Insurance</u>
		<u>Contract to be ASSUMED</u>	<u>3600 N Capital of Texas Hwy Ste 200 D.</u>
	State the term remaining	<u>0 months</u>	<u>Austin, TX 78746-3314</u>
	List the contract number of any government contract		
2.14	State what the contract or lease is for and the nature of the debtor's interest	<u>Workers compensation</u>	<u>Texas Mutual Insurance</u>
		<u>Contract to be ASSUMED</u>	<u>PO Box 841843</u>
	State the term remaining	<u>0 months</u>	<u>Dallas, TX 75284</u>
	List the contract number of any government contract		
2.15	State what the contract or lease is for and the nature of the debtor's interest	<u>Employee health insurance</u>	<u>Health Care Services</u>
		<u>Contract to be ASSUMED</u>	<u>1001 E Lookout Dr</u>
	State the term remaining	<u>0 months</u>	<u>Richardson, TX 75082-4144</u>
	List the contract number of any government contract		

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.16	State what the contract or lease is for and the nature of the debtor's interest	<u>Administration of retirement plan</u>	<u>Guideline Retire</u>
		<u>Contract to be ASSUMED</u>	<u>1645 E 6th St Ste 200</u>
	State the term remaining	<u>0 months</u>	<u>Austin, TX 78702-3387</u>
	List the contract number of any government contract	<u></u>	
2.17	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical billing</u>	<u>Gage Medical Management Services</u>
		<u>Contract to be REJECTED</u>	<u>Po Box 631571</u>
	State the term remaining	<u>0 months</u>	<u>Nacogdoches, TX 75963-1571</u>
	List the contract number of any government contract	<u></u>	
2.18	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical director</u>	<u>Kathryn Espana</u>
			<u>3830 Sun Valley Dr</u>
	State the term remaining	<u>0 months</u>	<u>Houston, TX 77025-4139</u>
	List the contract number of any government contract	<u></u>	
2.19	State what the contract or lease is for and the nature of the debtor's interest	<u>Payor agreement-ancillary services agreement</u>	<u>Texas Children's Hospital Health Plan, Inc.</u>
		<u>Contract to be ASSUMED</u>	<u>Ancillary Services</u>
	State the term remaining	<u>0 months</u>	<u>PO Box 301011</u>
	List the contract number of any government contract	<u></u>	<u>Houston, TX 77230</u>
2.20	State what the contract or lease is for and the nature of the debtor's interest	<u>Ancillary Provider Participation Agreement</u>	<u>United Healthcare Community Plan of Texas, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>14141 Southwest Fwy Ste 800</u>
	State the term remaining	<u>0 months</u>	<u>Sugar Land, TX 77478-3494</u>
	List the contract number of any government contract	<u></u>	

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.21	State what the contract or lease is for and the nature of the debtor's interest	<u>Participating Provider Agreement</u>	<u>Superior Healthplan, Inc.</u>
		<u>Contract to be ASSUMED</u>	<u>7990 W Interstate 10 Ste 300</u>
	State the term remaining	<u>0 months</u>	<u>San Antonio, TX 78230-4786</u>
	List the contract number of any government contract	<u></u>	
2.22	State what the contract or lease is for and the nature of the debtor's interest	<u>Provider Services Agreement</u>	<u>Molina Healthcare of Texas, Inc.</u>
		<u>Contract to be ASSUMED</u>	<u>5605 N Macarthur Blvd Ste 400</u>
	State the term remaining	<u>0 months</u>	<u>Irving, TX 75038-2693</u>
	List the contract number of any government contract	<u></u>	
2.23	State what the contract or lease is for and the nature of the debtor's interest	<u>Ancillary Agreement</u>	<u>Community Health Choice, Inc</u>
		<u>Contract to be ASSUMED</u>	<u>2636 S Loop W Ste 125</u>
	State the term remaining	<u>0 months</u>	<u>Houston, TX 77054-2696</u>
	List the contract number of any government contract	<u></u>	
2.24	State what the contract or lease is for and the nature of the debtor's interest	<u>Participating Provider Agreement</u>	<u>Amerigroup Texas, Inc.</u>
		<u>Contract to be ASSUMED</u>	<u></u>
	State the term remaining	<u>0 months</u>	<u></u>
	List the contract number of any government contract	<u></u>	

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLCUnited States Bankruptcy Court for the: Southern District of Texas
(State)Case number (If known): 22-33581-H3-11☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Does the debtor have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.2	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.3	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.4	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.5	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>City State ZIP Code</div>	<div></div> <div></div> <div></div>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11 Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$95,370.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$95,370.00**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$548,917.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$2,381,405.00**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$2,930,322.00

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): 22-33581-H3-11☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM/ DD/ YYYY☒ Operating a business\$835,282.00☐ Other _____

For prior year:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$1,028,282.00☐ Other _____

For the year before that:

From 01/01/2020 to 12/31/2020
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$859,499.00☐ Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☐ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2022 to Filing date
MM/ DD/ YYYYSettlement of lawsuit\$61,500.00

For prior year:

From 01/01/2021 to 12/31/2021
MM/ DD/ YYYY MM/ DD/ YYYYHarris County Covid Grant\$50,000.00

For the year before that:

From 01/01/2020 to 12/31/2020
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Part 2:** List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. _____ Creditor's name	_____	_____	<input type="checkbox"/> Secured debt
_____	_____		<input type="checkbox"/> Unsecured loan repayments
Street _____	_____		<input type="checkbox"/> Suppliers or vendors
_____	_____		<input type="checkbox"/> Services
_____	_____		<input type="checkbox"/> Other _____
City _____ State _____ ZIP Code _____			

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Cottichia Burke</u> Creditor's name	<u>10/21/2022</u>	<u>\$33,311.29</u>	<u>Reimbursement of expenses</u>
<u>5218 Prairie Terrace Ln</u> Street	<u>08/26/2022</u>		
_____	<u>08/16/2022</u>		
<u>Fulshear, TX 77441-2199</u> City State ZIP Code	<u>08/10/2022</u>		
Relationship to debtor	<u>08/10/2022</u>		
<u>Owner manager</u>	<u>08/09/2022</u>		
	<u>08/08/2022</u>		
	<u>08/08/2022</u>		
	<u>08/01/2022</u>		
	<u>07/29/2022</u>		
	<u>07/26/2022</u>		
	<u>07/22/2022</u>		
	<u>07/13/2022</u>		
	<u>07/12/2022</u>		
	<u>07/11/2022</u>		

Debtor

Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

07/08/202206/30/202206/27/202206/23/202206/17/202206/15/202206/13/202206/06/202206/02/202205/10/202205/10/202204/27/202204/27/202204/20/202204/11/202204/04/202203/22/202203/09/202202/22/202201/26/202201/26/202201/18/202201/13/202212/10/202112/07/202105/10/2022

4.2. David Franklin

01/27/2022\$20,000.00Loan repayment

Creditor's name

18030 Rancho St01/26/2022

Street

Encino, CA 91316-4213

City

State

ZIP Code

Relationship to debtorOwner

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11

4.3. Huan Le 06/10/2022 \$1,000.00 Reimbursement of expenses
 Creditor's name
3750 Childress St
 Street

Houston, TX 77005-1112
 City State ZIP Code
 Relationship to debtor

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. <u></u> Creditor's name <u></u> Street <u></u> City State ZIP Code	<u></u>	<u></u>	<u></u>

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. <u></u> Creditor's name <u></u> Street <u></u> City State ZIP Code	<u>XXXX- _ _ _ _</u>	<u></u>	<u></u>

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Debtor Joycare Therapy, LLC Case number (if known) 22-33581-H3-11

Name

7.1.	Case title	Nature of case	Court or agency's name and address	Status of case
	<u>Joycare Therapy, LLC vs.</u> <u>Everhart Construction Services</u>	<u>Lawsuit for losses from</u> <u>construction</u>	<u>269th Judicial District Court of Harris County</u> Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
	Case number			
	<u>2018-82322</u>			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	Custodian's name and address	Description of the property	Value
	<u>Custodian's name</u> <u>Street</u> <u>City State ZIP Code</u>	Case title Case number Date of order or assignment	Court name and address <u>Name</u> <u>Street</u> <u>City State ZIP Code</u>

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	<u>Recipient's name</u> <u>Street</u> <u>City State ZIP Code</u>			
	Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Debtor Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

Description of the property lost and how the loss occurred**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).**Date of loss****Value of property lost**

10.1.

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?**If not money, describe any property transferred****Dates****Total amount or value**Baker & AssociatesFees and expenses08/16/2022\$5,000.00**Address**Fees and expenses08/17/2022\$5,000.00950 Echo Ln Ste 300

Street

Houston, TX 77024-2824

City

State

ZIP Code

Email or website address**Who made the payment, if not debtor?**Joycare Therapy, LLC

11.2.

Who was paid or who received the transfer?**If not money, describe any property transferred****Dates****Total amount or value**Baker & AssociatesLegal services08/04/2022\$3,500.00**Address**950 Echo Lane Suite 300

Street

Houston, TX 77024

City

State

ZIP Code

Email or website address**Who made the payment, if not debtor?**Huan Le

Debtor Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

11.3.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Baker & Associates	Legal fees	10/25/2022	\$11,575.49
	Address 950 Echo Lane Suite 300 Street Houston, TX 77024 City State ZIP Code Email or website address Who made the payment, if not debtor? Huan Le			
11.4.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Baker & Associates	Unpaid fees for prior case	11/14/2022	\$6,500.00
	Baker & Associates	Retainer for new case	11/14/2022	\$18,500.00
	Address 950 Echo Lane Suite 300 Street Houston, TX 77024 City State ZIP Code Email or website address Who made the payment, if not debtor? Joycare			
11.5.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Baker & Associates	Prior legal fees - note	11/14/2022	\$5,075.49
	Address 950 Echo Lane Suite 300 Street Houston, TX 77024 City State ZIP Code Email or website address Who made the payment, if not debtor? Huan Le			

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City State ZIP Code			
	Relationship to debtor			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	From _____ To _____
	City State ZIP Code	

Debtor Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:
 —diagnosing or treating injury, deformity, or disease, or
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Joycare Therapy, LLC Facility name 6440 Sands Point Dr Street Houston, TX 77074-3722 City State ZIP Code	Pediatric day care- PPECC Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>Same address - Debtor does not believe its operations qualify</u> as a "healthcare business" since debtor does not provide surgical, drug treatment, psychiatric, or obstetric care.	0 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**
☐ No.

☒ Yes. Patient medical records maintained with standard protocol with

State the nature of the information collected and retained. HIPAA requirements

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes
17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?
☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _ _ - _ _ _ _ _
Has the plan been terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Debtor Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Bank of Houston Name P. O. Box 8306 Street Houston, TX 77288 City State ZIP Code	XXXX-0500	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$0.00

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 Name Street City State ZIP Code			<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
20.1 Storquest Economy Self Storage Name 6250 Westward St Street Houston, TX 77081 City State ZIP Code		Old furniture and used items	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name Street City State ZIP Code			

Debtor Joycare Therapy, LLC

Case number (if known) 22-33581-H3-11

Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.☒ No☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?☒ No☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Debtor Joycare Therapy, LLC
NameCase number (if known) 22-33581-H3-11**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name _____ Street _____ City State ZIP Code	_____	EIN: ____-_____ Dates business existed From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>Diego Bello, CPA</u> Name <u>5302 La Branch St</u> Street <u>Houston, TX 77004-6834</u> City State ZIP Code	From <u>09/01/2020</u> To <u>10/1/2021</u>
26a.2. <u>Ashcraft, Jason</u> Name <u>1801 E Tahquitz Canyon Way</u> Street <u>Palm Springs, CA 92262-7121</u> City State ZIP Code	From <u>07/15/2022</u> To <u>Current</u>

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address	Dates of service
26b.1. <u>Diego Bello</u> Name <u>5302 La Branch St</u> Street <u>Houston, TX 77004-6834</u> City State ZIP Code	From <u>9/1/2020</u> To <u>10/1/2021</u>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Debtor Joycare Therapy, LLC

Case number (if known) 22-33581-H3-11

Name

Name and address**If any books of account and records are unavailable, explain why**

26c.1.

Cottichia Burke

Name

Administrator responsible for books and records- records available

5218 Prairie Terrace Ln

Street

Fulshear, TX 77441-2199

City

State

ZIP Code

Name and address**If any books of account and records are unavailable, explain why**

26c.2.

Huan Le

Name

Financial manager - records available

3750 Childress St

Street

Houston, TX 77005-1112

City

State

ZIP Code

Name and address**If any books of account and records are unavailable, explain why**

26c.3.

David Franklin

Name

18030 Rancho St

Street

Encino, CA 91316-4213

City

State

ZIP Code

26d.

List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1.

JPMorgan Chase Bank

Name

Po Box 33035

Street

Louisville, KY 40232-3035

City

State

ZIP Code

Name and address

26d.2.

Small Business Admins.

Name

10737 Gateway West #320

Street

El Paso, TX 79935

City

State

ZIP Code

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

Name and address26d.3. Bank of Houston

Name

P. O. Box 8306

Street

Houston, TX 77288

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
inventory****The dollar amount and basis (cost, market, or
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Huan Le</u>	<u>3750 Childress St Houston, TX 77005-1112</u>	<u>Manager/Member, LLC Interest</u>	<u>24.00%</u>
<u>Cottichia Burke</u>	<u>5218 Prairie Terrace Ln Fulshear, TX 77441-2199</u>	<u>Administrator/member/manager, LLC</u>	<u>34.90%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?☐ No☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>David Franklin</u>	<u>18030 Rancho St Encino, CA 91316-4213</u>	<u>Manager member, LLC</u>	<u>February</u> From <u>2017</u> To <u>08/16/2022</u>
<u>Micah Grossman</u>	<u>24142 Mirabella Way Richmond, TX 77406-4536</u>	<u>CEO, member</u>	From <u>2019</u> To <u>2021</u>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Debtor Joycare Therapy, LLC

Case number (if known)

22-33581-H3-11

Name

Name and address of recipient

Amount of money or description
and value of property

Dates

Reason for providing
the value

30.1. See question 3 and 4 above

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _ _ - _ _ _ _ _

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _ _ - _ _ _ _ _

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/02/2022
MM/ DD/ YYYY**X** /s/ Huan Le Printed name Huan Le
Signature of individual signing on behalf of the debtorPosition or relationship to debtor PresidentAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes